



Date Prepared:	5/25/18	Need Date: ASA	P
PROCESSING DI Department:	EPARTMENT: Air Quality Management District	CONTRACTOR: Name: N/A - Re	esolution
Dept. Contact:	Scott Wilson	Address:	Professional States
Phone #: Department	x7554	Phone:	
Head Signature:	Dave Johnston		
CONTRACTING DEPARTMENT: Air Quality Management District (Charge 7110100)			
Service Requested: Review and Approve Resolution for AQMD Budget FY18-19			
Contract Term: N		Contract Val	
	Human Resources requirements?	Yes:	No: 2018 MAY
Compliance verifie	ea by:		
COUNTY COUNSEL: (Must approve all contracts and MOU's),			
	Disapproved:	Date: 5/30/18	By: Bre \$ 000 jus
Approved:	Disapproved:	Date:	By:
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			7: 42
Please incorriporate edits on draft.			
Planto cee unte un non C of Invitat A			
Please ree note on page 5 of Exhibit A.			
Edited per directed by County Connel in this			
dorott and via telephone.			
A CAST TO LAKE		JW	
PLEASE RETURN TO AQMD UPON APPROVAL. RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)			
Approved: N/A	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: N/A			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

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